

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lung</i>		6/14/00
O.I.P.E. CLASSIFIER		823 10	6-20-00
FORMALITY REVIEW	<i>ell</i>		8/2/00
RESPONSE FORMALITY REVIEW	A-M	5C 580	11-16-00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/14/04
2	✓	✓	8/20/04
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	0	0	
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21	0	0	
22	✓	✓	
23	0	0	
24	0	0	
25	0	0	
26	✓	✓	
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If more than 150 claims or 10 actions  
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